24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Our Principles PAC		C C00603621
		O status.
Check if 24-hour report 48-hour report New	report Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
DDC Advocacy		04 21 2016
Mailing Address 805 15th Street, N.W.		Amount
Suite 300	7'- 0-4-	5450.00
City State Washington DC	Zip Code 20005	5152.20 Transaction ID : SE.5432
	1	Date of Disbursement or Obligation
Purpose of Expenditure Voter contact-telephone calls	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
Donald J. Trump	X Oppose	President Senate State: MD
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	0.00	Other (specify)
Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination
		04 21 2016
Mailing Address 805 15th Street, N.W.		Amount
Suite 300		
City State	Zip Code	7800.00 Transaction ID : SE.5434
Washington DC	20005	Date of Disbursement or Obligation
Purpose of Expenditure Direct voter contact	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
Donald J. Trump	Oppose	President Senate State: PA
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	0.00	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		12952.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7
(c) TOTAL Independent Expenditures		12952.20
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.	•	
	ctronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		